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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

Attorney Docket Number	10011.002300 (P1240)
First Named Inventor	Mark A. Neil
COMPLETE IF KNOWN	
Application Number	not yet known
Filing Date	
Art Unit	not yet known
Examiner Name	not yet known

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATED FOCUSING OF ELECTRON IMAGEthe specification of which *(Title of the Invention)* is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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Name

Address

City	State	ZIP
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Country	Telephone	Fax
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any])	Mark A.	Family Name or Surname	Neil
---	---------	---------------------------	------

Inventor's Signature		Date	10/22/2003
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Residence: City San Jose	State CA	Country US	Citizenship US
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Mailing Address
2297 Bentley Ridge Drive

City San Jose	State CA	Zip 95138	Country US
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any])	Gian Francesco	Family Name or Surname	Lorusso
---	----------------	---------------------------	---------

Inventor's Signature		Date	Oct 21, 2003
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Residence: City Fremont	State CA	Country US	Citizenship ITALY
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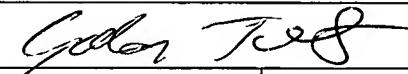
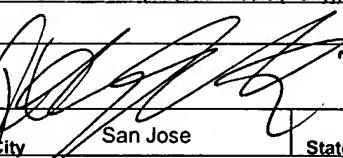
Mailing Address
33848 Cassio Circle

City Fremont	State CA	Zip 94555	Country US
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Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Page 1 of 1

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname		
Gabor D.		Toth		
Inventor's Signature				10-21-03 Date
Residence: City	San Jose	State	CA	Country US
				Citizenship HUNGARY
Mailing Address 1634 Tupolo Drive				
City San Jose	State CA	ZIP 95124	Country US	
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname		
Varoujan		Chakarian		
Inventor's Signature				10-29-03 Date
Residence: City Fremont	State CA	Country US	Citizenship USA	
Mailing Address 3660 Knollwood Terr #104				
City Fremont	State CA	Zip 94536	Country US	
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname		
Douglas K.		Masnaghetti		
Inventor's Signature				10/31/03 Date
Residence: City San Jose	State CA	Country US	Citizenship US	
Mailing Address 1451 Corte De Rosa				
City San Jose	State CA	Zip 95120	Country US	

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	not yet known
Filing Date	
First Named Inventor	Mark A. Neil
Title	Automated Focusing of Electron Image
Art Unit	not yet known
Examiner Name	not yet known
Attorney Docket Number	10011.002300 (P1240)

I hereby appoint:

 Practitioners at Customer Number

--

OR

 Practitioner(s) named below:

Name	Registration Number
James K. Okamoto	40,110
Patrick D. Benedicto	40,909
Kevin McAndrews	34,496
Marius Domokos	48,153

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number:.

OR

 The address associated with Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name

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State

ZIP

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Mark A. Neil

Signature

Date

10/22/2007

Telephone

408-875-3212

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*. *Total of 5 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name Gian Francesco Lorusso

Signature

Date

OCT 21, 2003

Telephone

408 875 4494

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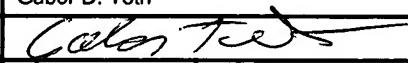
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SIGNATURE of Applicant or Assignee of RecordName **Gabor D. Toth**Signature Date **10-21-03**

Telephone _____

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SIGNATURE of Applicant or Assignee of Record

Name

Varoujan Chakarian

Signature

Varoujan Chakarian

Date

10-29-03

Telephone

(408)875-0291

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State		ZIP
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SIGNATURE of Applicant or Assignee of Record

Name	<i>Douglas K. Maspaghetti</i>		
Signature	<i>[Signature]</i>		
Date	<i>10/31/03</i>	Telephone	

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